



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



CASE SUMMARY

PSU 79 CASE NO. 078A TYPE OF ACCIDENT Car Broadside car

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.) V1 was N/B on a 2 lane roadway executing a left turn to head W/B on a 7 lane intersecting roadway. V2 was E/B in the #1 (fast) lane of the intersecting road approaching V1. As both vehicles entered the intersection the front of V2 struck the left side of V1. The impact caused V1 to rotate counter-clockwise and come to rest facing W/B in the #2 lane of the 7 lane road. V2 continued E/B after the impact leaving pre & post impact locked wheel skids to its point of rest in the same lane it was travelling in just east of the intersection. Both vehicles were towed due to damage. Both occupants of V2 were taken for medical care. The driver & sole occupant was fatally injured, ~~IN V1~~. NOTE: The driver of V1 was restrained only by the automatic non-motorized shoulder belt and was not wearing the manual lap restraint at the time of impact.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage		Component Failure
			Damage Plane	Severity Description	
01	Compact	'92 Nissan Stanza	L Side	Severe	None
02	Largest	'89 Chevrolet Caprice 4 Dr.	Front	Unknown	Unknown

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury			
				Body Region	Lesion	AIS	Injury Source
01	Driver	L Front	Auto Shoulder Belt	Neck	Fracture	2	Shoulder Belt
02	Driver	L Front	Lap & Shoulder	Neck	Strain	1	Unknown
02	Pass.	R Front	Lap & Shoulder	L Wrist	Abrasion	1	Unknown

DO NOT SANITIZE THIS FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

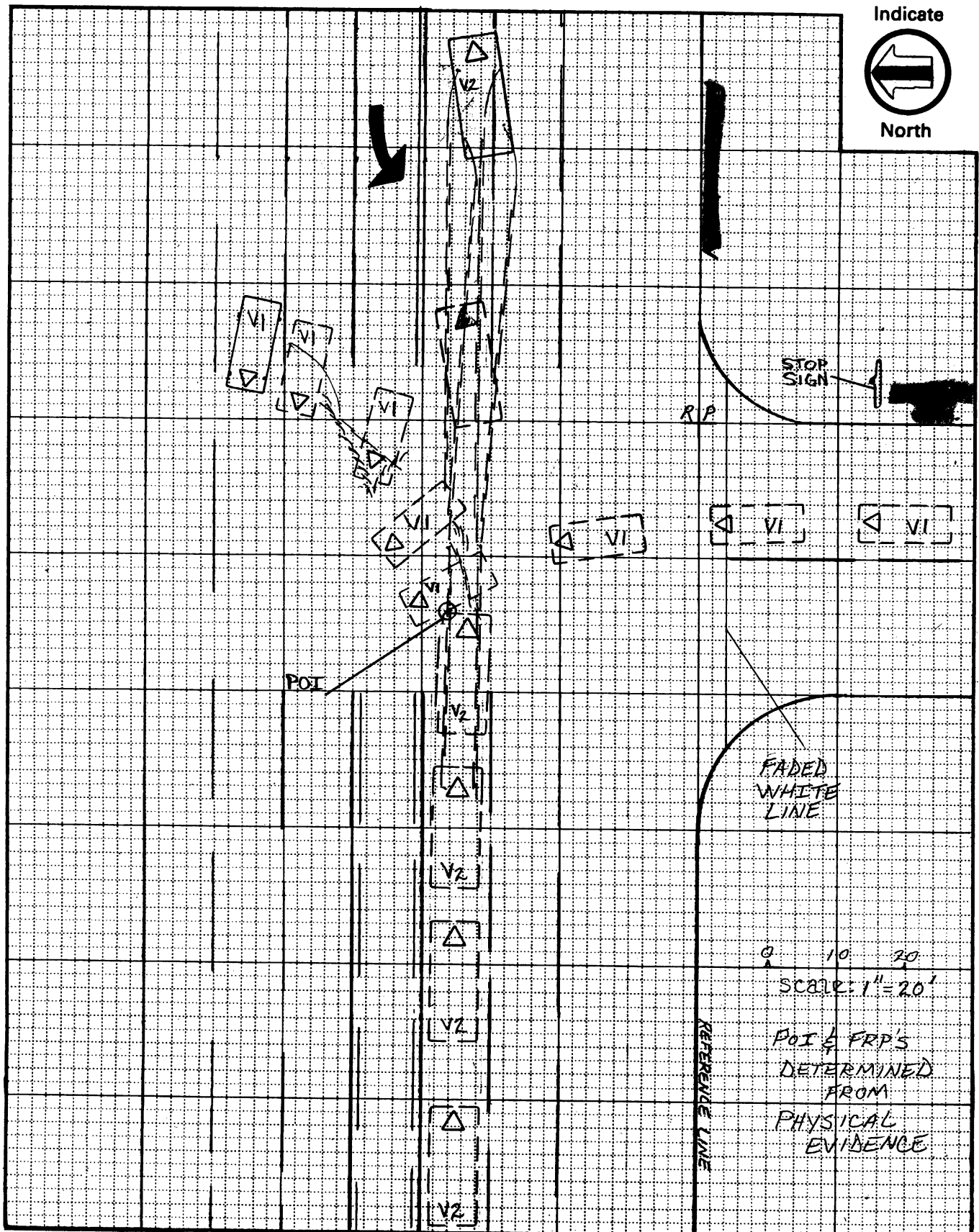
PSU No. 7 9

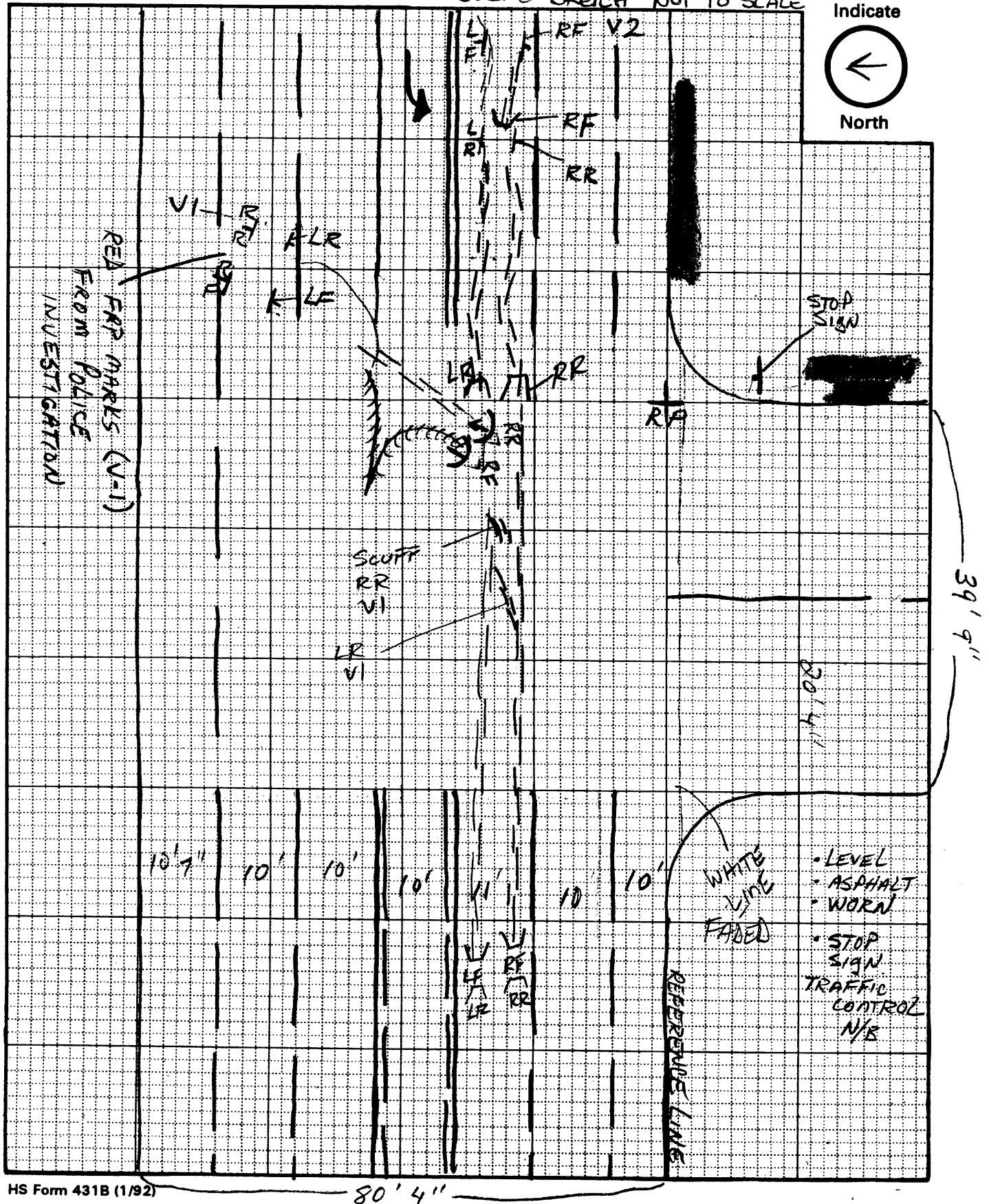
Case Number - Stratum 0 7 8 A

Indicate



North







ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number 79

Case Number—Stratum 078A

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> approximate vehicle orientation at impact and final rest applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) applicable traffic controls (e.g., speed limit) north arrow placed on diagram sketch required 	<p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> document reference point and reference line relative to physical features present at the scene scale documentation of all accident induced physical evidence scaled documentation of all roadside objects contacted roadway surface type and condition of applicable roadways grade measurements for all applicable roadways and at location of rollover initiation scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>340°</u> <u>100°</u> <u>N/A</u></p> <p>Surface Type <u>ASPHALT</u></p> <p>Surface Condition <u>WORN</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>LEVEL</u></p> <p>Grade (v/h) Measurement (at location of rollover initiation) <u>N/A</u></p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>		

Reference Point: INTERSECT E/CURB
LENNOX WITH S/CURB SHERMANWAY

Reference line: S/CURB SHERMANWAY
*NOTE VERY BUSY INTERSECTION

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	0	0
BEGIN RF CENTRIPITAL VI	6' 3" W	44' 2" N
BEGIN LF VI	6' 3" W	44' 2" N
RF CENTRIPITAL ROTATION VI	10' 3" W	38' 2" N
END RF CENTRIPITAL VI	2' 1" E	54' 6" N
END LF VI	3' 0" E	54' 6" N
VI LF FRP	5' 2" E	63' 1" N
VI RF FRP	6' 8" E	68' 6" N
VI LR FRP	14' 3" E	61' 1" N
VI RR FRP	15' 3" E	66' 8" N
V2 LR FRP	42' 0" E	34' 4" N
V2 RR FRP	43' 0" E	28' 3" N
V2 LF FRP	51' 9" E	35' 6" N
V2 RF FRP	52' 0" E	29' 8" N

[illegible]



ACCIDENT FORM

1. Primary Sampling Unit Number

79

2. Case Number - Stratum

078A

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

9 2

5. Time of Accident

1955

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active

0

7. SS13 Not Active

0

8. SS14 Fatal AOPS

1

9. SS15

0

10. SS16

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>L</u>	16. <u>02</u>	17. <u>05</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 — 104 inches)
- (03) Intermediate (wheelbase = 105 — 109 inches)
- (04) Full size (wheelbase = 110 — 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

(35) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

OCCUPANT RELATED

16. Driver Presence in Vehicle

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 01

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02800

2788 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 pounds or more
(999) Unknown

Source: _____

20. Vehicle Cargo Weight 0000

0000 Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
(97) 9,650 pounds or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit

- (0) No towed unit
(1) Yes--towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle)

26. Rear Override/Underride (this Vehicle)

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

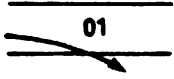
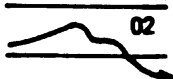
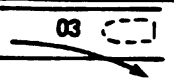
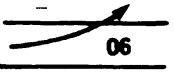
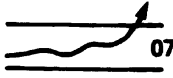
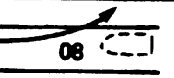
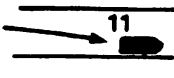

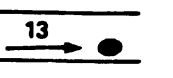
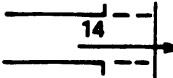
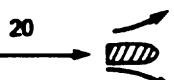

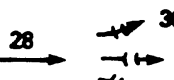
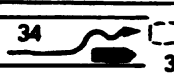

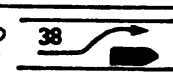
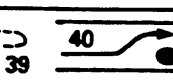
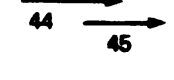


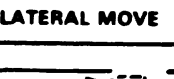
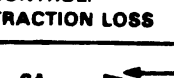
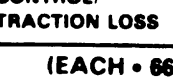
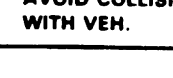
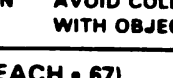

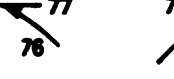






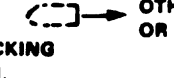



HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle

28. Heading Angle For Other Vehicle

NASS Cong Chg
1st Rev 3 E
2nd Rev 3

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45 46 47	 45 46 47	 46 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS	 71 70 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78	 81 80 TURN INTO OPPOSITE DIRECTIONS	 83 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 82 BACKING VEH.	 83 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OTHER DATA

56. Driver's Zip Code

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
91405 Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):

(9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):

(9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):

(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>77</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>078A</u>		

VEHICLE IDENTIFICATION

VIN JN1FU21P2NT [REDACTED] Model Year 92
Vehicle Make (specify): NISSAN Vehicle Model (specify): STANZA

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
01	L SIDE	L SIDE

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) **Animal**

- (77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify):

[illegible]



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

79

2. Case Number - Stratum

078A

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

11

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LE 2 6. RF 1 7. LR 9 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LE 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 6 19. RR 0

20. BL 6 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 2 35. RR 0

36. BL 2 37. Roof 0 38. Other 2

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 2 43. RR 0

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

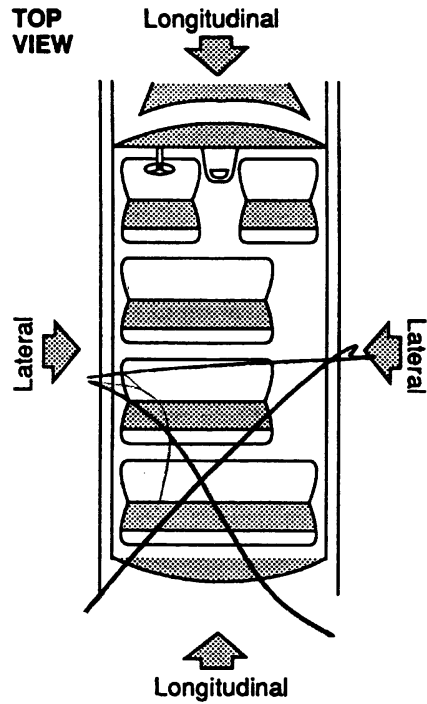
(3) Partially opened

(4) Fully opened

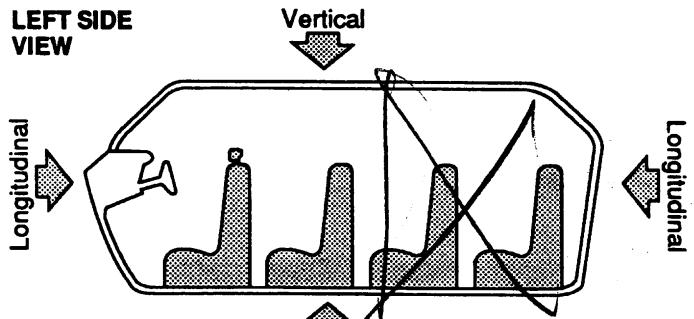
(9) Unknown

INTRUSION WORKSHEET

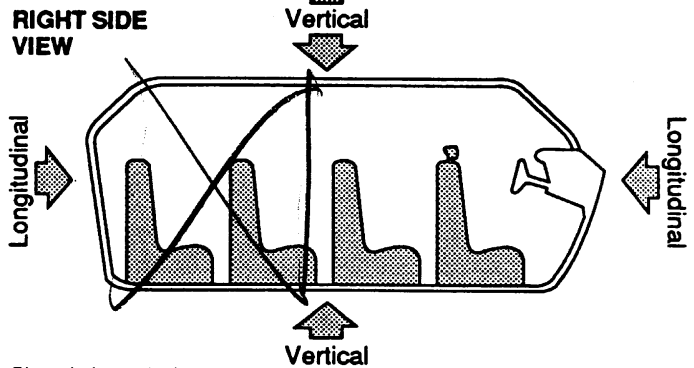
TOP VIEW



LEFT SIDE VIEW



RIGHT SIDE VIEW



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
		NONE	EVIDENT		
Front of vehicle					
Passenger side	Possibly LR door panel				

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION**Front Seat**

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify) _____

- (99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
(28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
(2) ≥ 3 inches but < 6 inches
(3) ≥ 6 inches but < 12 inches
(4) ≥ 12 inches but < 18 inches
(5) ≥ 18 inches but < 24 inches
(6) ≥ 24 inches
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION**COMPARISON VALUE**

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

79-078A
VI**STEERING COLUMN**87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown _____

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

92. Steering Rim/Spoke Deformation 0

Code actual measured

deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

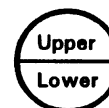
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 001,000

802 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: [REDACTED]95. Instrument Panel Damage from Occupant Contact? 0

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

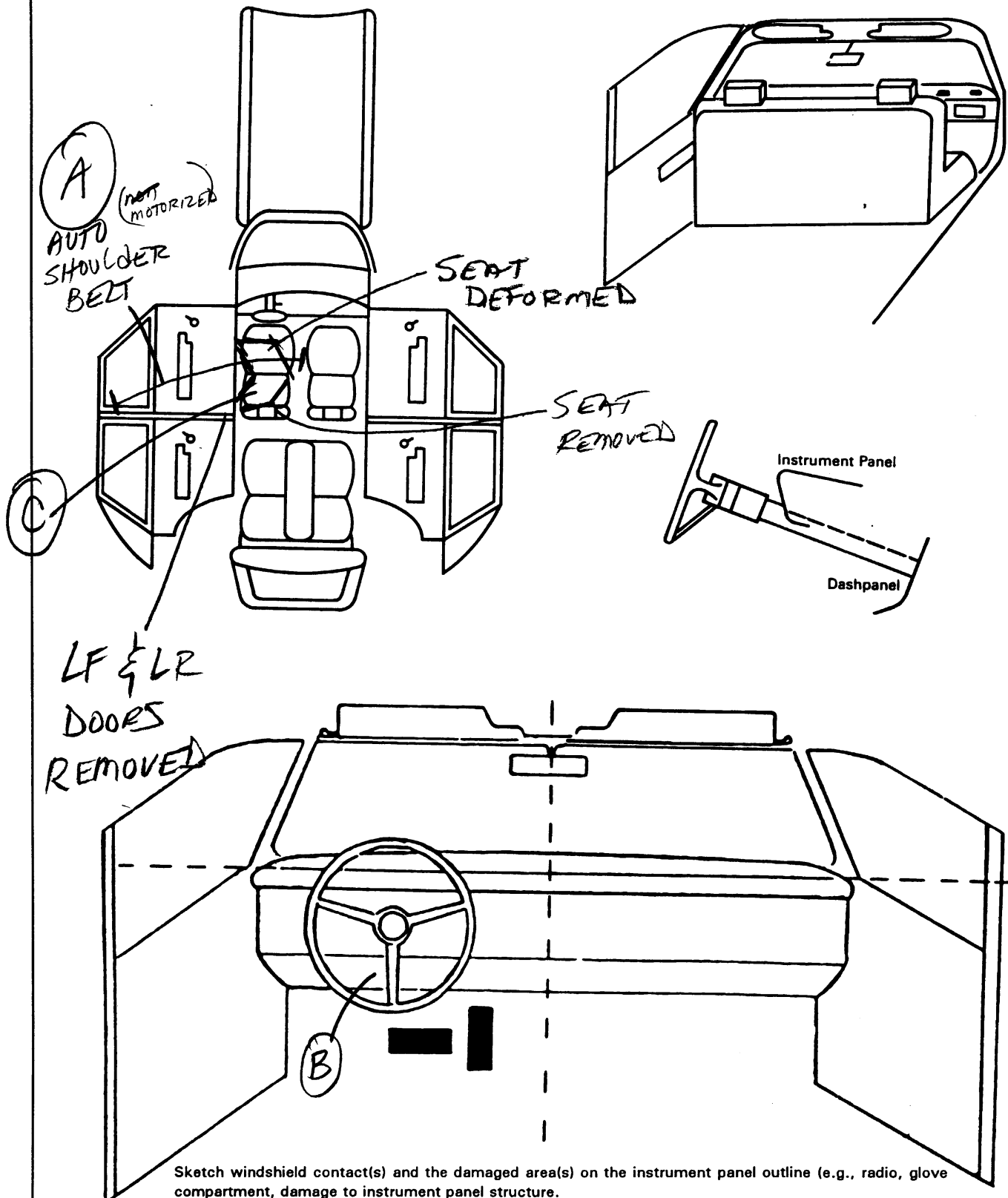
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	41	1	NECK	SKIN TRANSFER/BLOOD	1
B	09	1	KNEE	SCUFF	2
C	40	1	BACK	BENT/TWISTED	7
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____

RIGHT SIDE

- (28) Left side window sill
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag
Non-functional
 (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	1	1
	Use	+	+
	Type	2+	2+
	Proper Use	1	1
	Failure Modes	1	1

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
 (3) Automatic belt use unknown
 (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	3	0	3
	Use	00	00	00
	Failure Modes	1	0	1
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	1	1	1
THIRD	Availability		/	
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used - type unknown _____

(08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor _____
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	0	3
	Seat Type	02	00	02
	Seat Performance	5	0	0
	Seat Orientation	1	0	1
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type) _____
 (99) Unknown _____

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

26. Seat Type (this Occupant Position) 0 2

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position) 5

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model 0 0 0

- (000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify): _____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify): _____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 0 0

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
(02) Forward facing
(08) Other orientation (specify): _____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
(12) Forward facing
(18) Other orientation (specify): _____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
(22) Forward facing
(28) Other orientation (specify): _____
(29) Unknown orientation
(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 032. Child Safety Seat Shield Usage 0 033. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used
(99) Unknown if child safety seat used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>79</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>078A</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

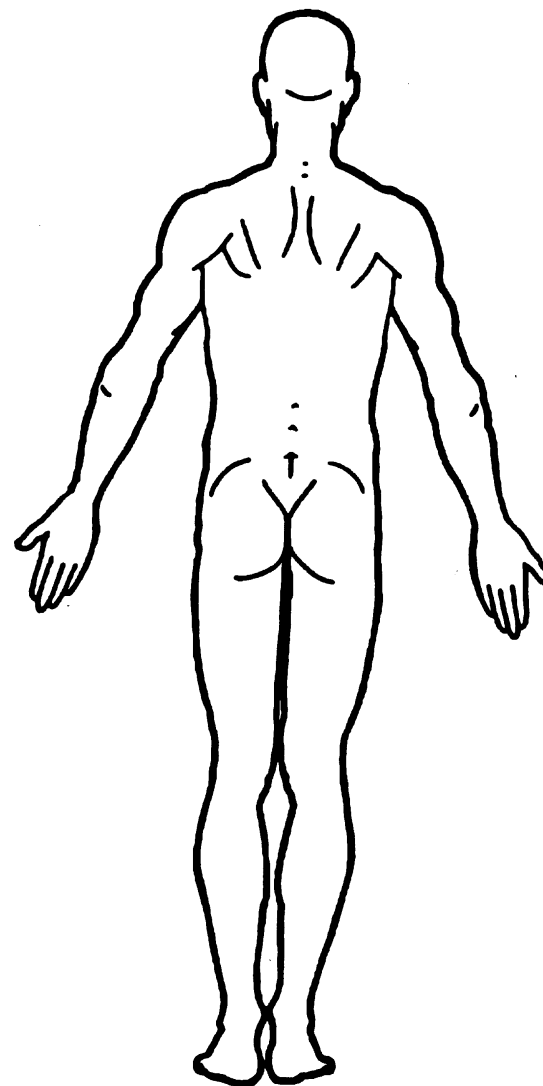
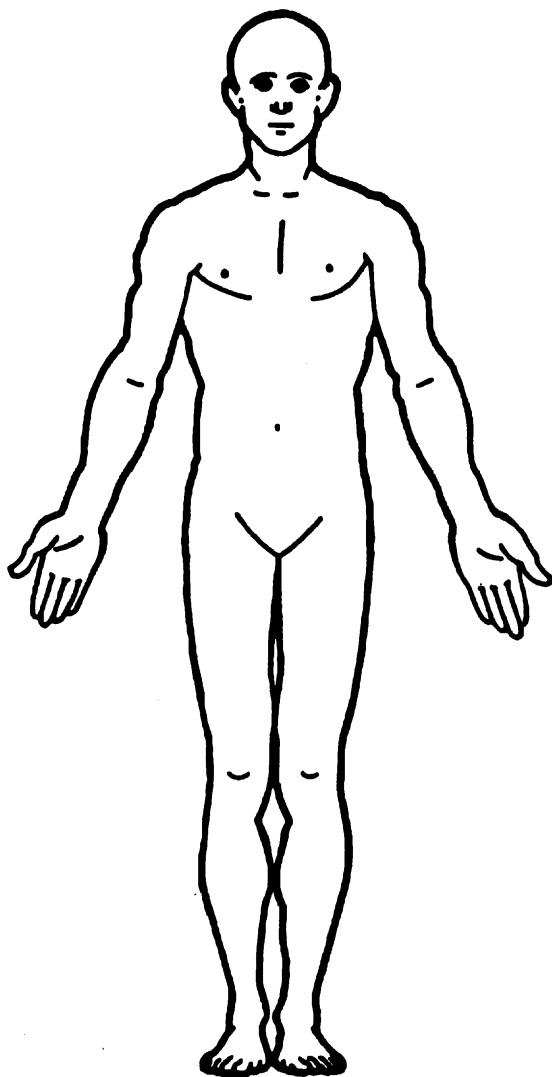
	Source of Injury Data	O.I.C.-A.I.S.				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>9</u>	6. <u>N</u>	7. <u>P</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>41</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. ____	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

OCCUPANT INJURY DATA

[illegible]

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

AUTO SHOULDER
BELT ONLY

Blood Alcohol
Level (mg/dl)

BAL = N/A

Glasgow Coma
Scale Score

GCSS = N/A

Units of Blood
Given

Units =

Arterial Blood
Gases

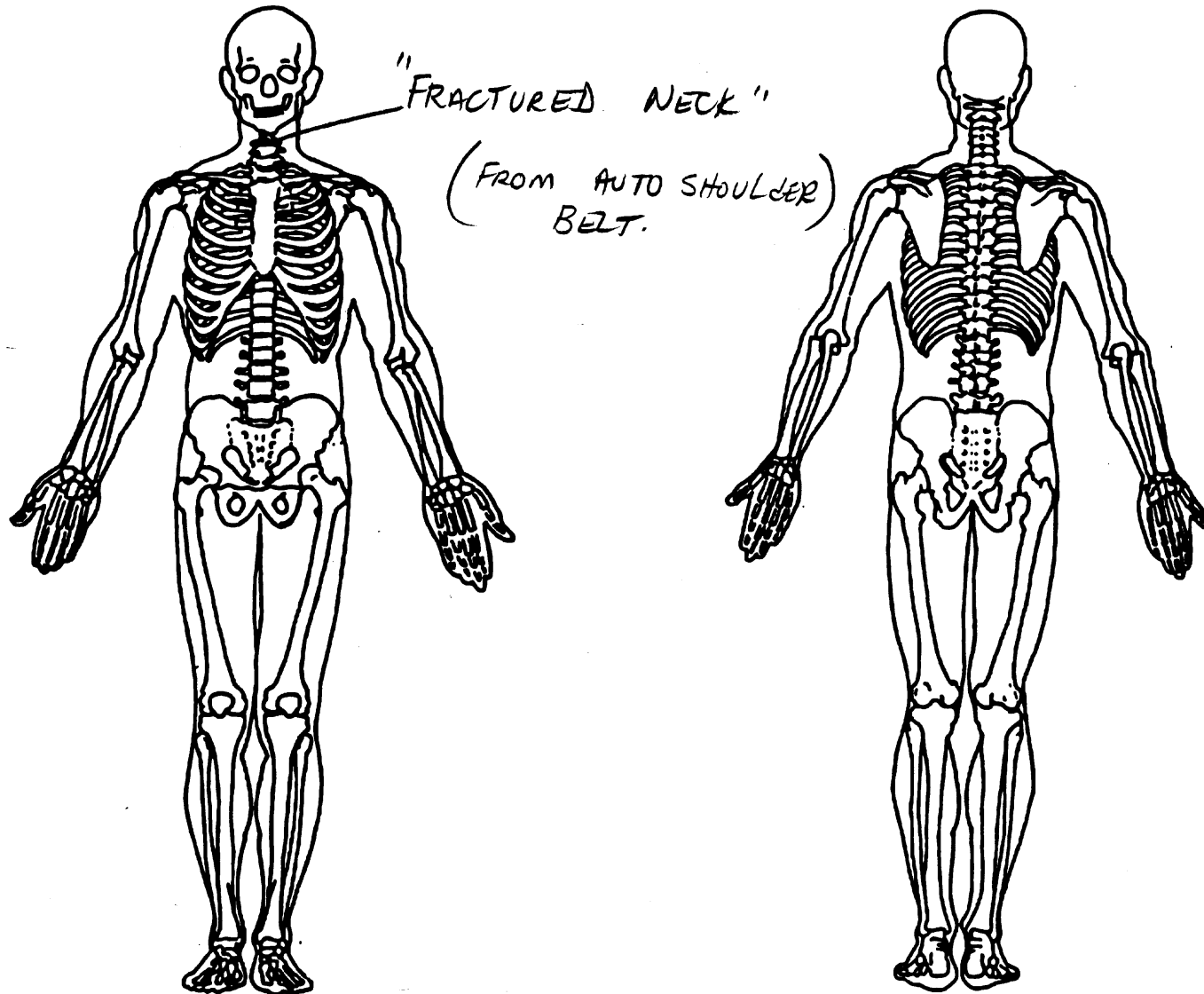
pH =

PO₂ =

PCO₂ =

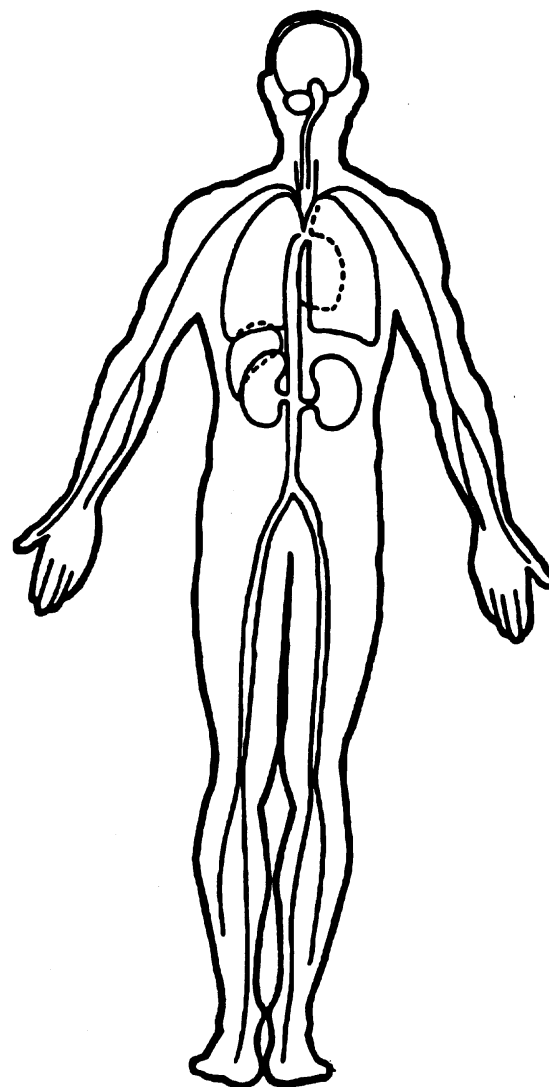
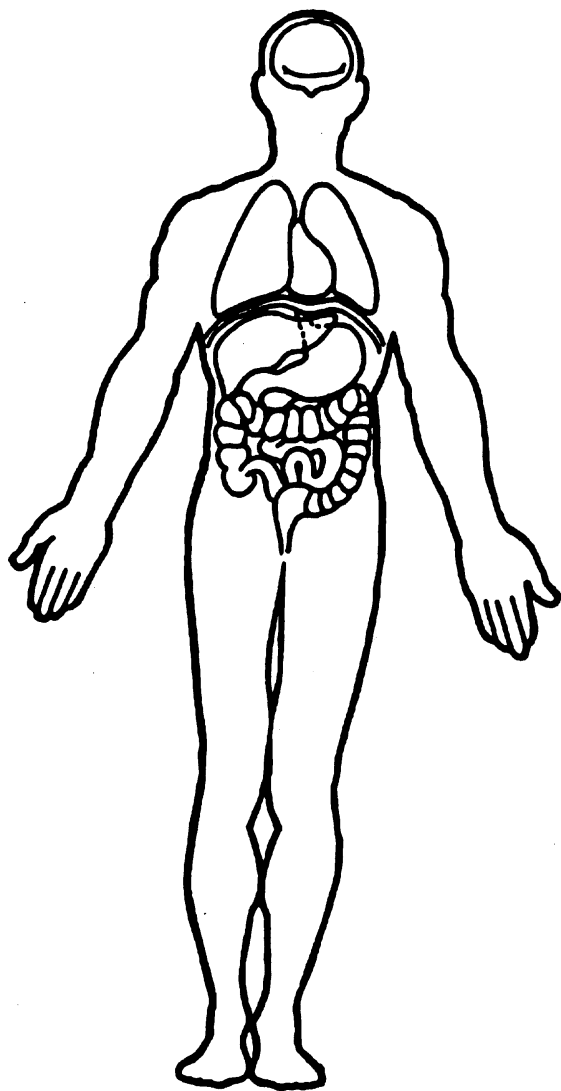
HCO₃ =

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation

National Highway Traffic Safety
Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1992

1. Primary Sampling Unit Number	<u>79</u>	Driver or Occupant Name: <u>[REDACTED]</u>
2. Case Number - Stratum	<u>078A</u>	Address: <u>DOA: [REDACTED] 192 @ 1955</u>
3. Vehicle Number	<u>01</u>	<u>DOB: [REDACTED] 175</u>
4. Occupant Number	<u>01</u>	Other Information: <u>[REDACTED]</u>
		<u>[REDACTED] 192 [REDACTED]</u>
		(Sanitize this section prior to Update submission.)

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	<u>96</u>	---	OA21. Air Bag System Availability/Function	<u>0</u>	---
GV39. Other Drug Specimen Test Type for Driver	<u>0</u>	---	OA22. Air Bag System Deployment	<u>0</u>	---
GV40.-GV41. Narcotic Drug	<u>00</u>	---	OA35. Treatment - Mortality	<u>1</u>	---
GV42.-GV43. Depressant Drug	<u>00</u>	<u>01</u>	OA36. Type of Medical Facility (for Initial Treatment)	<u>0</u>	---
GV44.-GV45. Stimulant Drug	<u>00</u>	<u>01</u>	OA37. Hospital Stay	<u>00</u>	---
GV46.-GV47. Hallucinogen Drug	<u>00</u>	---	OA38. Working Days Lost	<u>62</u>	---
GV48.-GV49. Cannabinoid Drug	<u>00</u>	---	OA39. Time to Death	<u>01</u>	---
GV50.-GV51. Phencyclidine (PCP)	<u>00</u>	<u>01</u>	OA40. 1st Medically Reported Cause of Death	<u>99</u>	<u>06</u>
GV52.-GV53. Inhalant Drug	<u>00</u>	---	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	---
GV54.-GV55. Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	<u>00</u>	---	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	---
GV56. Driver's Zip Code	<u>[REDACTED]</u>	---	OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	<u>13</u> <u>14</u>
GV57. Driver's Race/Ethnic Origin	<u>9</u>	---	OA44. Automatic (Passive) Belt System Availability/Function	<u>1</u>	---
OA05. Occupant's Age	<u>16</u>	---	OA45. Automatic (Passive) Belt System Use	<u>1</u>	---
OA06. Occupant's Sex	<u>2</u>	---	OA50. Glasgow Coma Scale (GCS) Score	<u>01</u>	---
OA07. Occupant's Height	<u>67</u>	---	OA51. Was the Occupant Given Blood?	<u>1</u>	---
OA08. Occupant's Weight	<u>140</u>	<u>145</u>	OA52. Arterial Blood Gases (ABG) - HCO ₃	<u>01</u>	---
OA17. Manual (Active) Belt System Availability	<u>3</u>	---			
OA18. Manual (Active) Belt System Use	<u>00</u>	---			

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status	—	—	h. Emergency room records	<u>B</u> —	—
OAL13. Injury Information			i. Radiographic record(s) associated with ER visit	<u>B</u> —	—
Official			j. Private physician	<u>B</u> —	—
a. Autopsy (invasive examination)	<u>B</u> <u>08</u>	—	Unofficial		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> —	—	k. Lay coroner	<u>B</u> —	—
c. Admission record/summary or admission/discharge face sheet	<u>B</u> —	—	l. EMS record	<u>B</u> —	—
d. Discharge summary	<u>B</u> —	—	m. Interviewee	<u>B</u> —	—
e. Operative report	<u>B</u> —	—	n. Other source (specify):	<u>B</u> —	<u>B</u> —
f. Radiographic record(s) post ER visit	<u>B</u> —	—	o. Police report	<u>B</u> <u>11</u>	<u>B</u> —
g. History and physical examination and/or consultation records	<u>B</u> —	—	OAL14. Medical Facility Code	<u>31</u>	—
			OIL07. Date Official Medical Data Obtained	<u>19 2</u>	—

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	O.I.C.-A.I.S				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>9</u>	6. <u>N</u>	7. <u>P</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>41</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. —	16. —	17. —	18. —	19. —	20. —	21. —	22. —	23. —	24. —
3rd	25. —	26. —	27. —	28. —	29. —	30. —	31. —	32. —	33. —	34. —
4th	35. —	36. —	37. —	38. —	39. —	40. —	41. —	42. —	43. —	44. —
5th	45. —	46. —	47. —	48. —	49. —	50. —	51. —	52. —	53. —	54. —
6th	55. —	56. —	57. —	58. —	59. —	60. —	61. —	62. —	63. —	64. —
7th	65. —	66. —	67. —	68. —	69. —	70. —	71. —	72. —	73. —	74. —
8th	75. —	76. —	77. —	78. —	79. —	80. —	81. —	82. —	83. —	84. —
9th	85. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —
10th	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —
11th	105. —	106. —	107. —	108. —	109. —	110. —	111. —	112. —	113. —	114. —
12th	115. —	116. —	117. —	118. —	119. —	120. —	121. —	122. —	123. —	124. —
13th	125. —	126. —	127. —	128. —	129. —	130. —	131. —	132. —	133. —	134. —
14th	135. —	136. —	137. —	138. —	139. —	140. —	141. —	142. —	143. —	144. —
15th	145. —	146. —	147. —	148. —	149. —	150. —	151. —	152. —	153. —	154. —

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>1</u>	6. <u>H</u>	7. <u>P</u>	8. <u>L</u>	9. <u>B</u>	10. <u>4</u>	11. <u>41</u>	12. <u>2</u>	13. <u>2</u>	14. <u>00</u>
2nd	15. <u>1</u>	16. <u>H</u>	17. <u>P</u>	18. <u>V</u>	19. <u>B</u>	20. <u>4</u>	21. <u>41</u>	22. <u>2</u>	23. <u>2</u>	24. <u>00</u>
3rd	25. <u>1</u>	26. <u>M</u>	27. <u>R</u>	28. <u>C</u>	29. <u>L</u>	30. <u>2</u>	31. <u>41</u> <u>99</u>	32. <u>2</u> <u>9</u>	33. <u>2</u> <u>7</u>	34. <u>00</u> <u>99</u>
4th	35. <u>1</u>	36. <u>M</u>	37. <u>S</u>	38. <u>C</u>	39. <u>R</u>	40. <u>2</u>	41. <u>99</u>	42. <u>9</u>	43. <u>7</u>	44. <u>99</u>
5th	45. <u>1</u>	46. <u>C</u>	47. <u>R</u>	48. <u>C</u>	49. <u>P</u>	50. <u>3</u> <u>1</u>	51. <u>41</u>	52. <u>2</u>	53. <u>2</u>	54. <u>00</u>
6th	55. <u>1</u>	56. <u>N</u>	57. <u>P</u>	58. <u>Z</u>	59. <u>V</u>	60. <u>3</u>	61. <u>41</u>	62. <u>2</u>	63. <u>2</u>	64. <u>00</u>
7th	65. <u>1</u>	66. <u>Q</u>	67. <u>R</u>	68. <u>A</u>	69. <u>I</u>	70. <u>1</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	74. <u>00</u> <u>99</u>
8th	75. <u>1</u>	76. <u>A</u>	77. <u>P</u> <u>K</u>	78. <u>A</u>	79. <u>I</u>	80. <u>1</u>	81. <u>97</u>	82. <u>9</u>	83. <u>7</u>	84. <u>00</u> <u>99</u>
9th	85. <u>1</u>	86. <u>C</u>	87. <u>R</u>	88. <u>C</u>	89. <u>I</u>	90. <u>1</u>	91. <u>41</u>	92. <u>1</u>	93. <u>1</u>	94. <u>00</u>
10th	95. <u>1</u>	96. <u>P</u>	97. <u>L</u>	98. <u>C</u>	99. <u>I</u>	100. <u>1</u>	101. <u>20</u>	102. <u>2</u>	103. <u>1</u>	104. <u>00</u> <u>99</u>

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

* Several injuries, sources questionable or unable to determine on many.

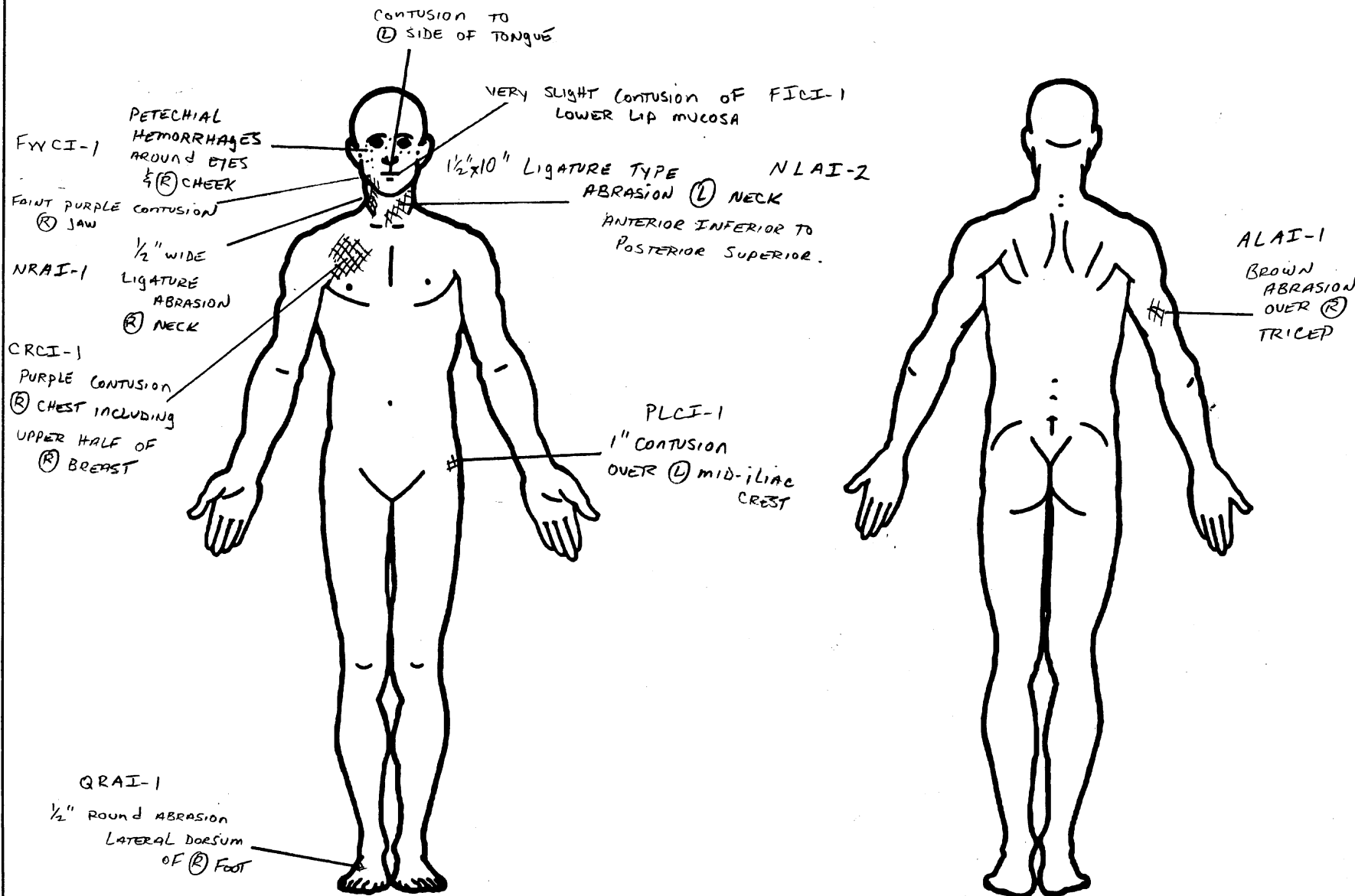
OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	<u>I</u>	<u>N</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>41</u>	<u>1</u>	<u>1</u>	<u>00</u>
12th	<u>I</u>	<u>N</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>2</u>	<u>41</u>	<u>1</u>	<u>1</u>	<u>00</u>
13th	<u>I</u>	<u>F</u>	<u>I</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>00</u> <u>99</u>
14th	<u>I</u>	<u>F</u>	<u>W</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>97</u>	<u>9</u>	<u>7</u>	<u>00</u> <u>99</u>
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---
24th	—	—	—	—	—	—	---	—	—	---
25th	—	—	—	—	—	—	---	—	—	---

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

All injuries VHA Autopsy

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

REAR SURFACE

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limbs(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

(F) Fracture

- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

(L) Liver

- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

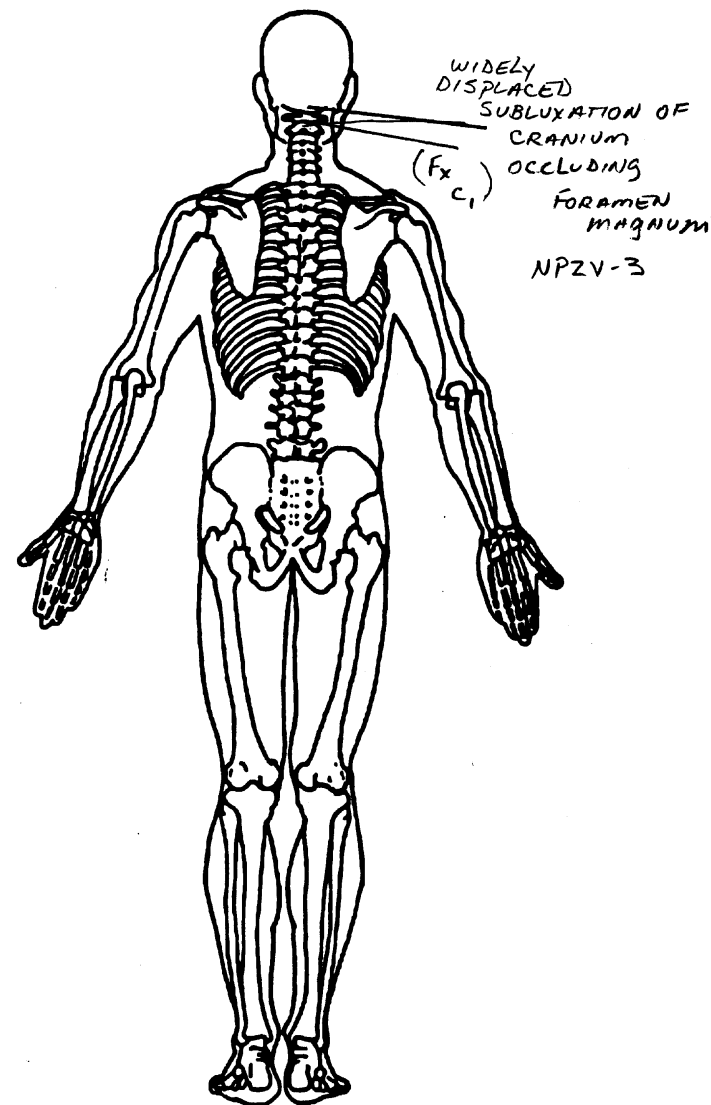
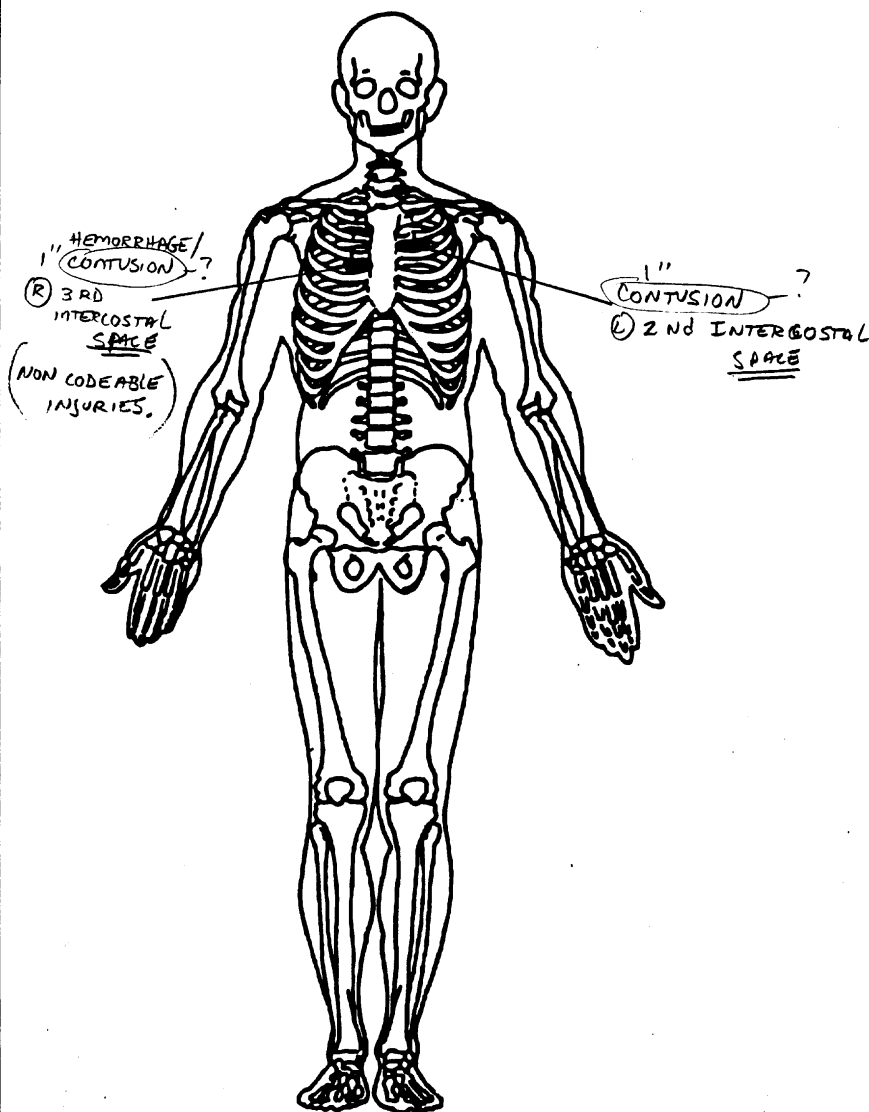
pH = ___

PO₂ = ___

PCO₂ = ___

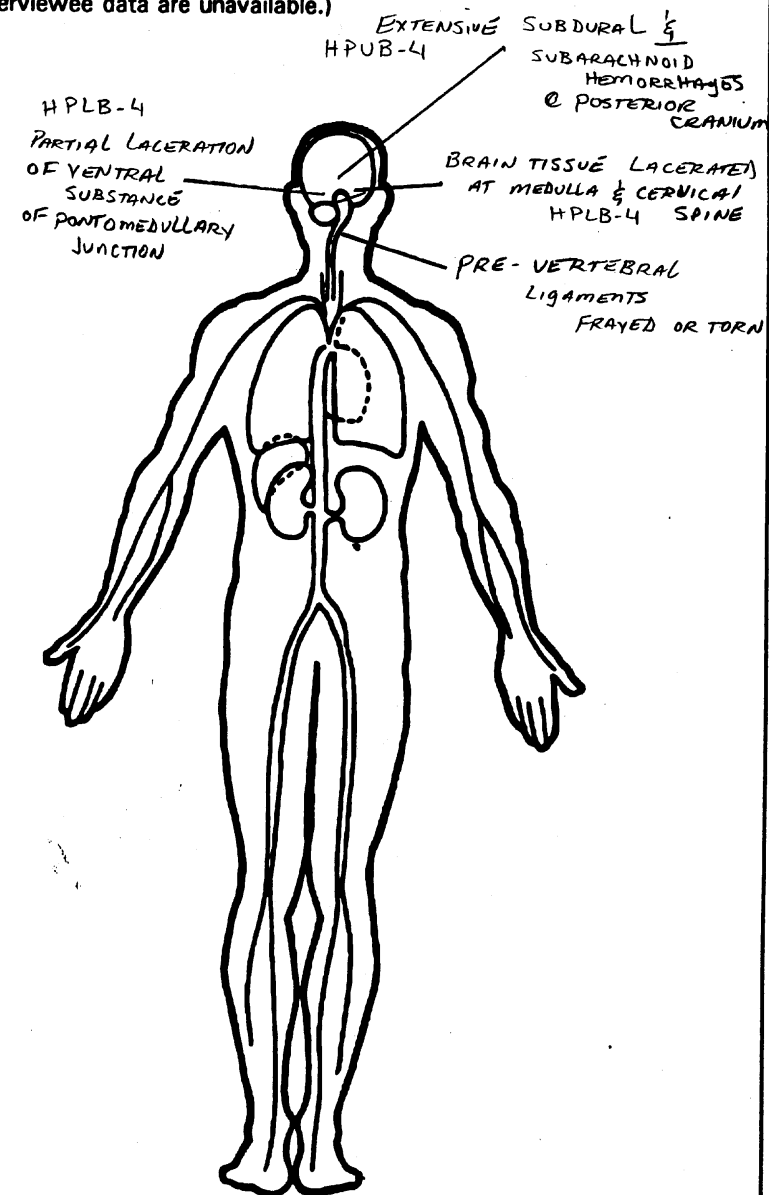
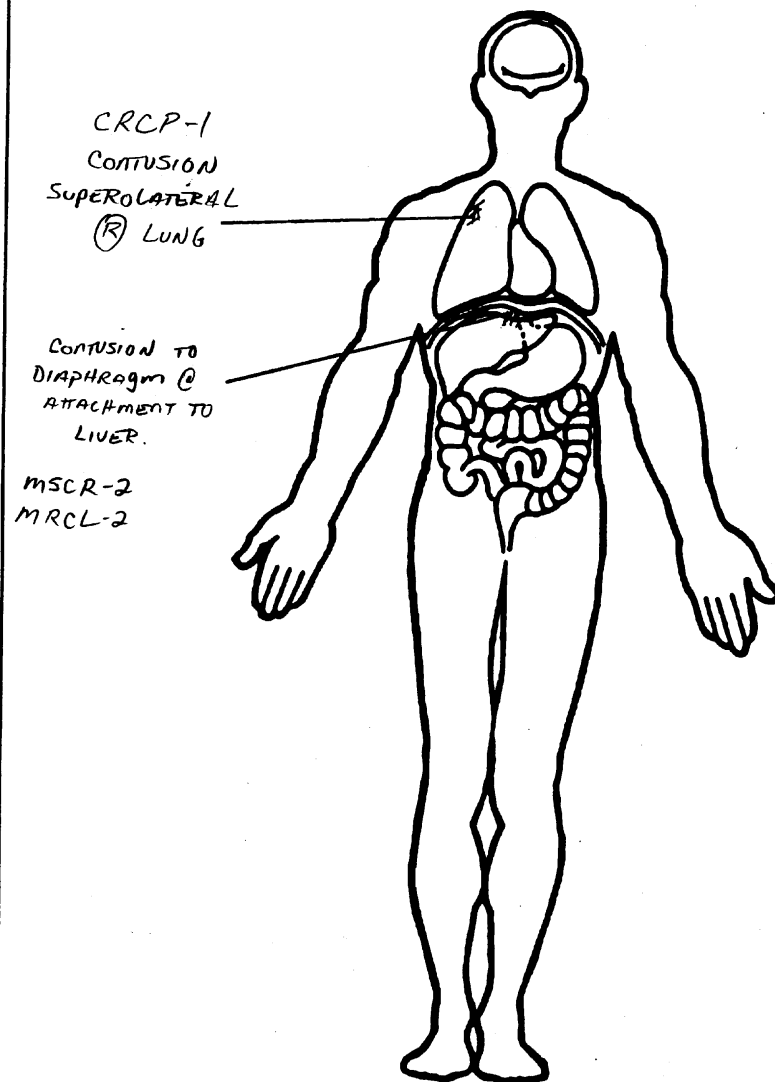
HCO₃ = ___

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 2

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 0 3.7 0 0
~~3713~~ Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 9.9 0 0
~~00~~ Code weight to nearest 100 pounds. POLICE EQUIP.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

NASS Cdng Chg
 1st Rev 3 E
 2nd Rev 3

27. Heading Angle For This Vehicle 100
28. Heading Angle For Other Vehicle 340

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 25, 26, 27	24 DECEL. 28, 30, 31	26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 45 46 47 (EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN	45 46 47 (EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN			
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME DIRECTIONS	70 71 72 73 (EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	77 TURN INTO OPPOSITE DIRECTIONS	78 79 80 81 82 (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN		
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87 (EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN	88 89 (EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN			
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OTHER DATA

56. Driver's Zip Code

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
90012 Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
9

(9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown
5

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
0

(9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown
0

61. Rollover Initiation Object Contacted

00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

0

(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

0

(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

01

(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):

(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

PSU NUMBER

79

CASE NUMBER

078A

VEHICLE NUMBER

02

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☒ ENTIRE FORM

☐ PAGE NUMBER (S) _____

PSU NUMBER

79

CASE NUMBER

078 A

VEHICLE NUMBER

02

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☒ ENTIRE FORM

☐ PAGE NUMBER (S) _____

26. Seat Type (this Occupant Position) 99
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 9
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>79</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>078A</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

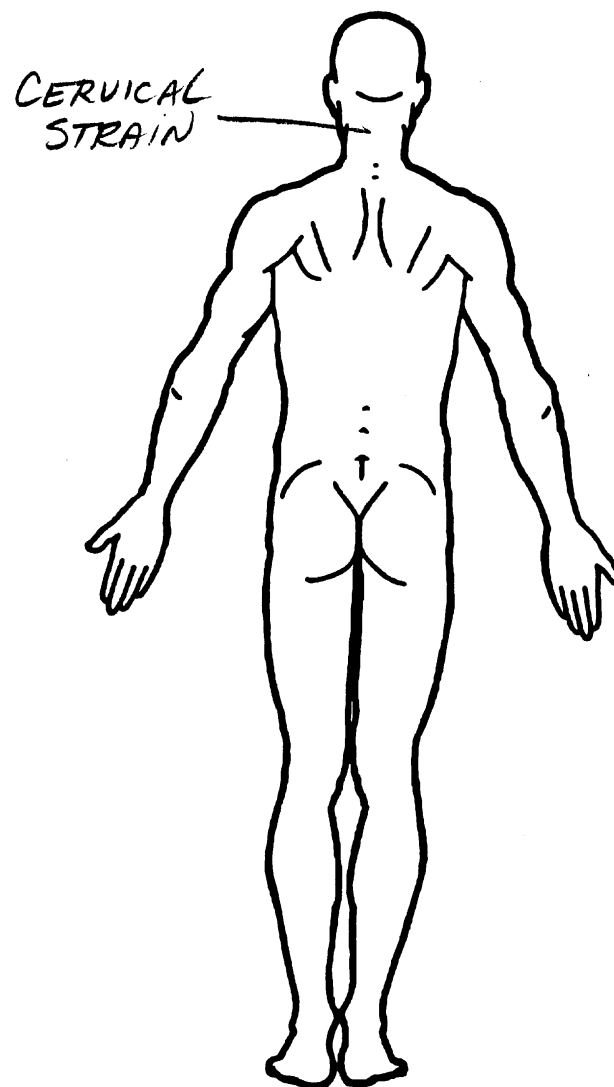
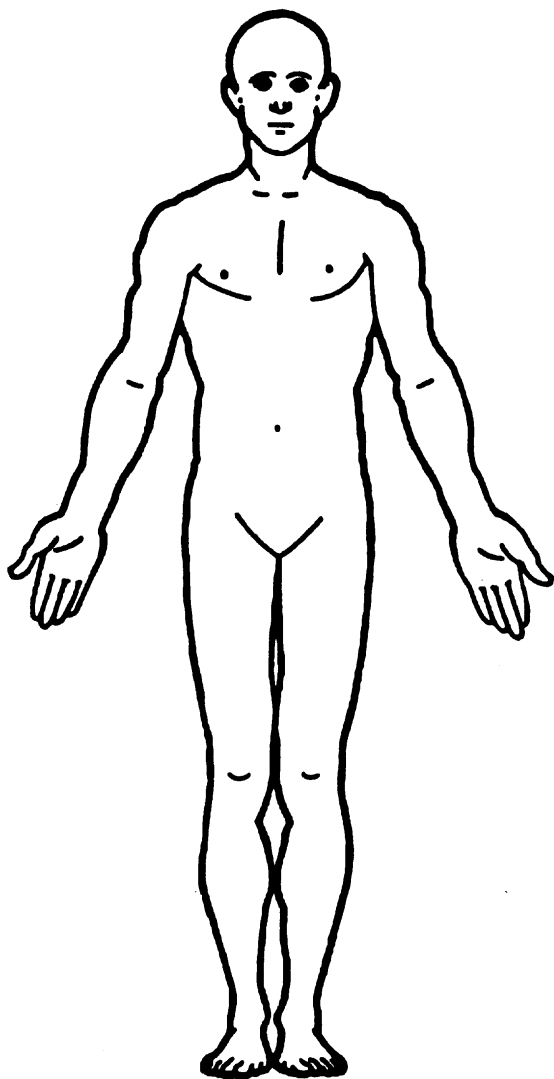
Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>3</u>	6. <u>N</u>	7. <u>P</u>	8. <u>I</u>	9. <u>M</u>	10. <u>1</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>3</u>	16. <u>W</u>	17. <u>R</u>	18. <u>S</u>	19. <u>I</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	— — —	—	—	— — —
12th	—	—	—	—	—	—	— — —	—	—	— — —
13th	—	—	—	—	—	—	— — —	—	—	— — —
14th	—	—	—	—	—	—	— — —	—	—	— — —
15th	—	—	—	—	—	—	— — —	—	—	— — —
16th	—	—	—	—	—	—	— — —	—	—	— — —
17th	—	—	—	—	—	—	— — —	—	—	— — —
18th	—	—	—	—	—	—	— — —	—	—	— — —
19th	—	—	—	—	—	—	— — —	—	—	— — —
20th	—	—	—	—	—	—	— — —	—	—	— — —
21st	—	—	—	—	—	—	— — —	—	—	— — —
22nd	—	—	—	—	—	—	— — —	—	—	— — —
23rd	—	—	—	—	—	—	— — —	—	—	— — —
24th	—	—	—	—	—	—	— — —	—	—	— — —
25th	—	—	—	—	—	—	— — —	—	—	— — —

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

Arterial Blood
Gases

pH =

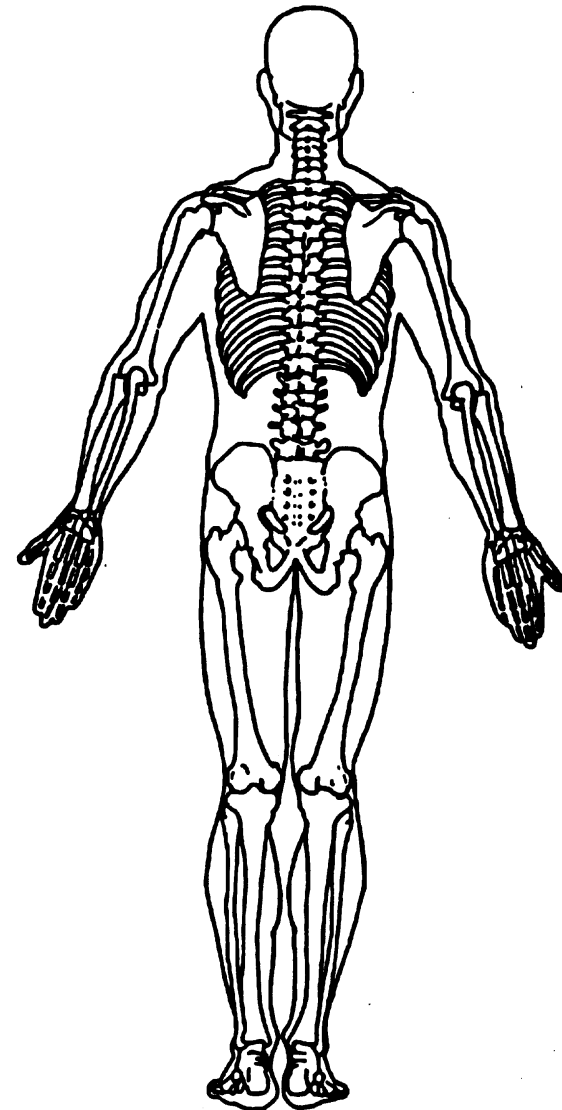
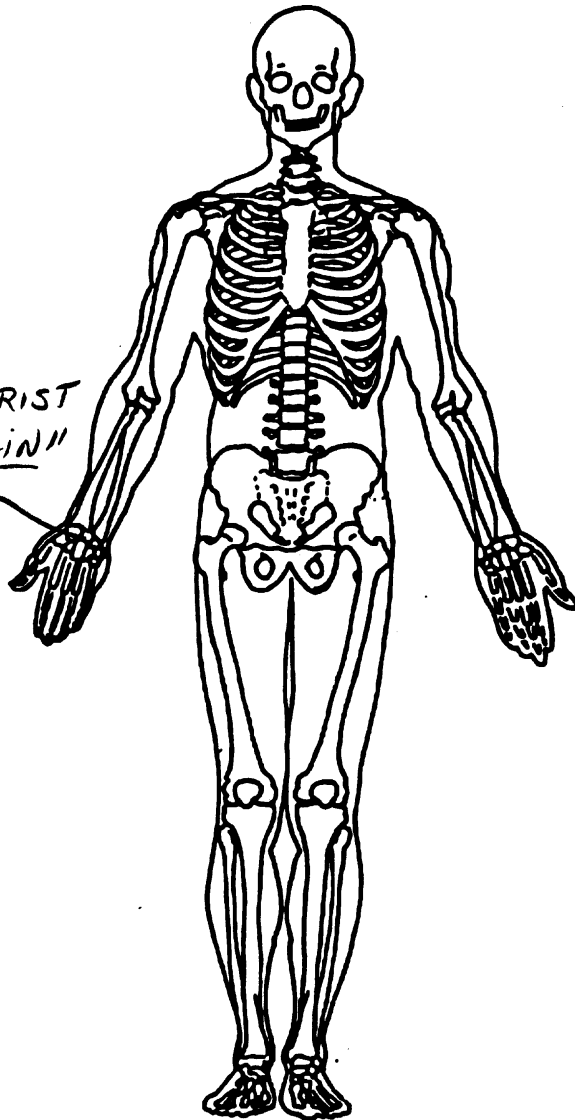
PO₂ =

PCO₂ =

HCO₃ =

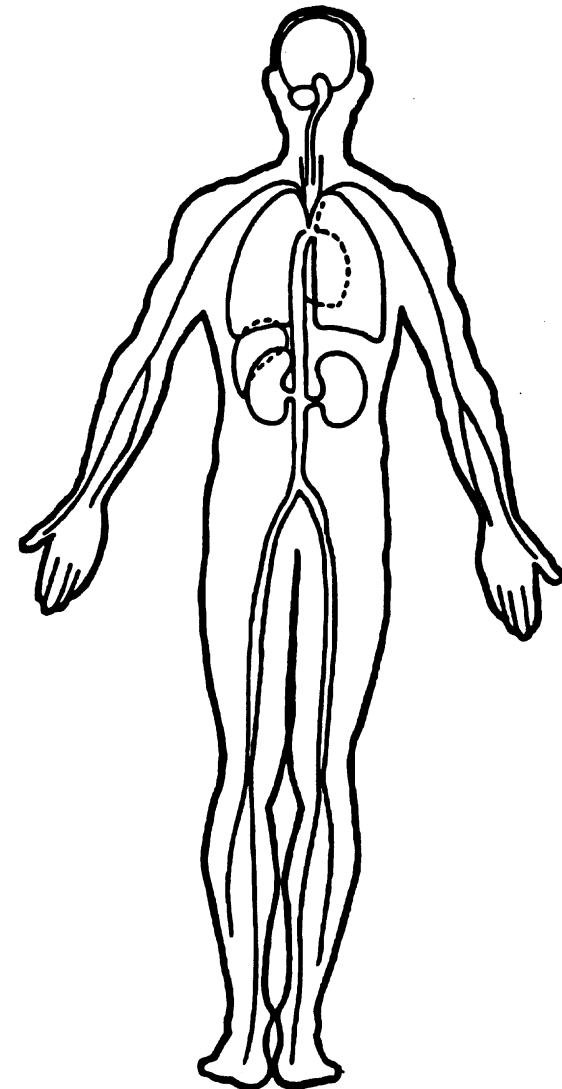
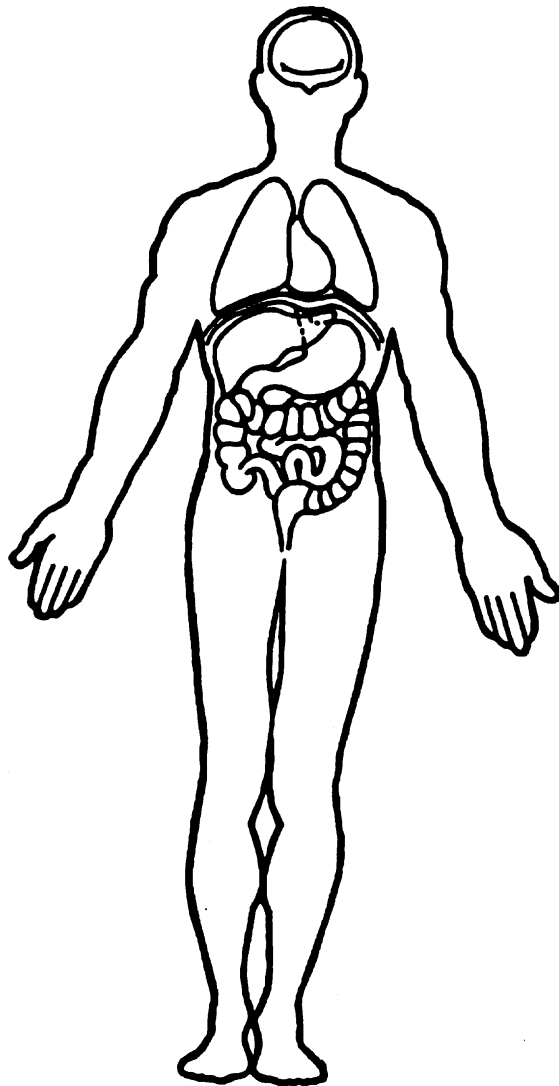
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

(R) WRIST
"STRAIN"



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



26. Seat Type (this Occupant Position) 99
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 9
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>79</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>078A</u>	4. Occupant Number	<u>02</u>

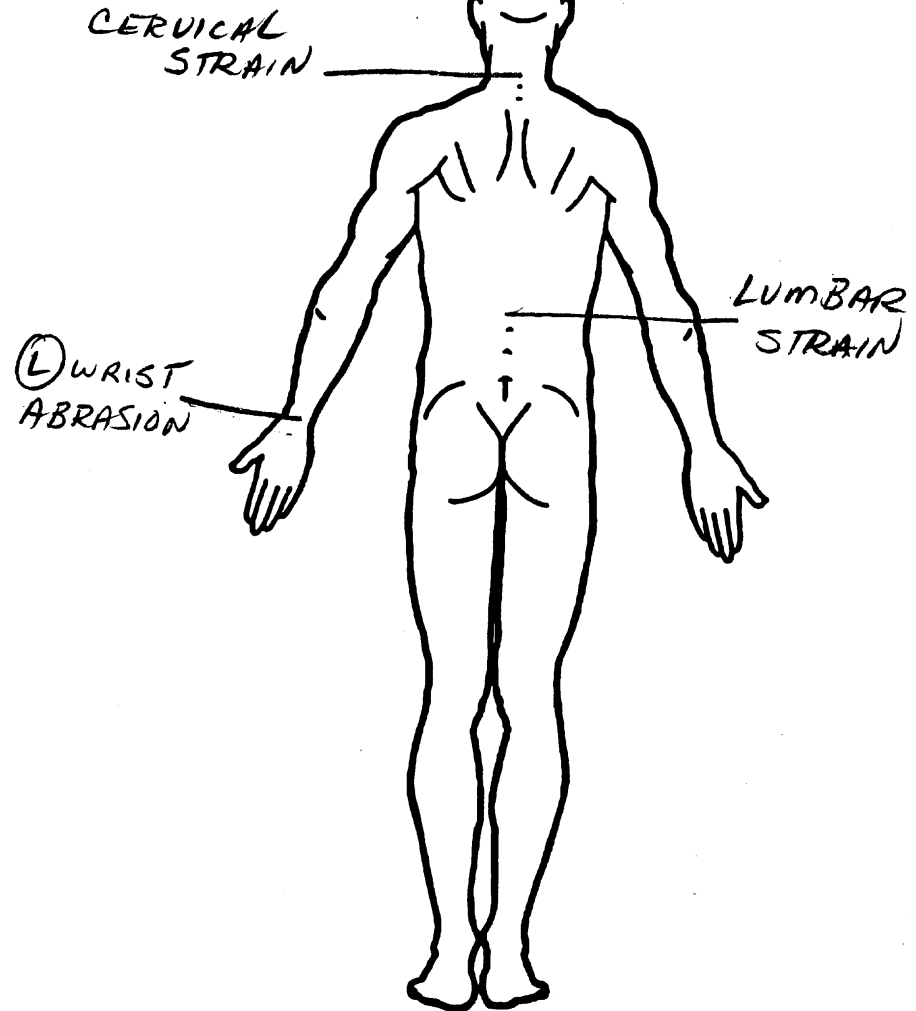
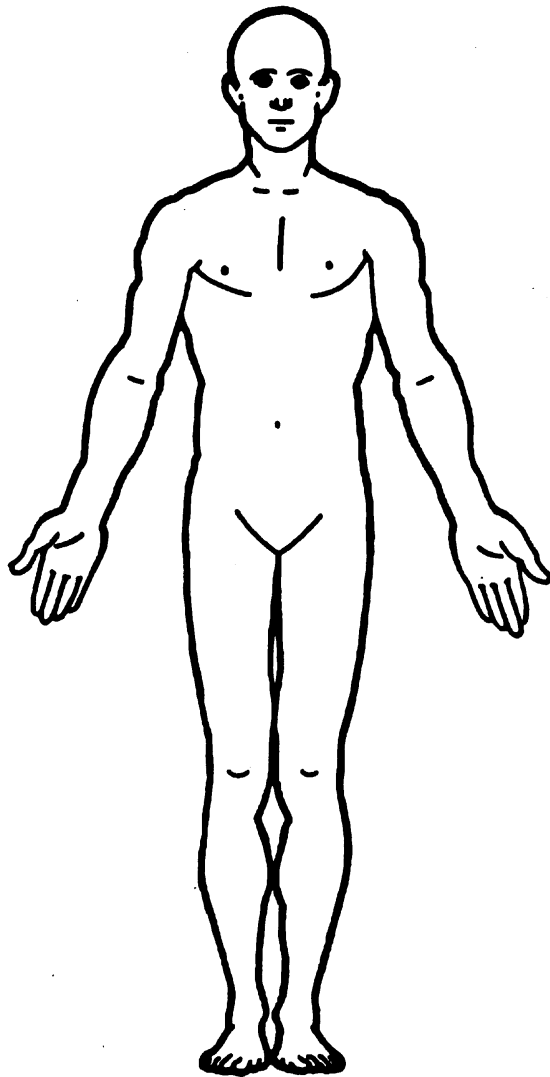
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>3</u>	6. <u>N</u>	7. <u>P</u>	8. <u>I</u>	9. <u>M</u>	10. <u>1</u>	11. <u>97</u>	12. <u>9</u>	13. <u>1</u>	14. <u>99</u>
2nd	15. <u>3</u>	16. <u>B</u>	17. <u>I</u>	18. <u>T</u>	19. <u>m</u>	20. <u>1</u>	21. <u>97</u>	22. <u>9</u>	23. <u>7</u>	24. <u>99</u>
3rd	25. <u>3</u>	26. <u>W</u>	27. <u>L</u>	28. <u>A</u>	29. <u>I</u>	30. <u>1</u>	31. <u>97</u>	32. <u>9</u>	33. <u>7</u>	34. <u>99</u>
4th	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle—foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head—skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck—cervical spine
- (P) Pelvic—hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body
- (W) Wrist—hand

Aspect of Injury

- (A) Anterior—front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior—lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior—back
- (R) Right
- (S) Superior—upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries—veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system
- (I) Integumentary
- (J) Joints
- (K) Kidneys

- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary—lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

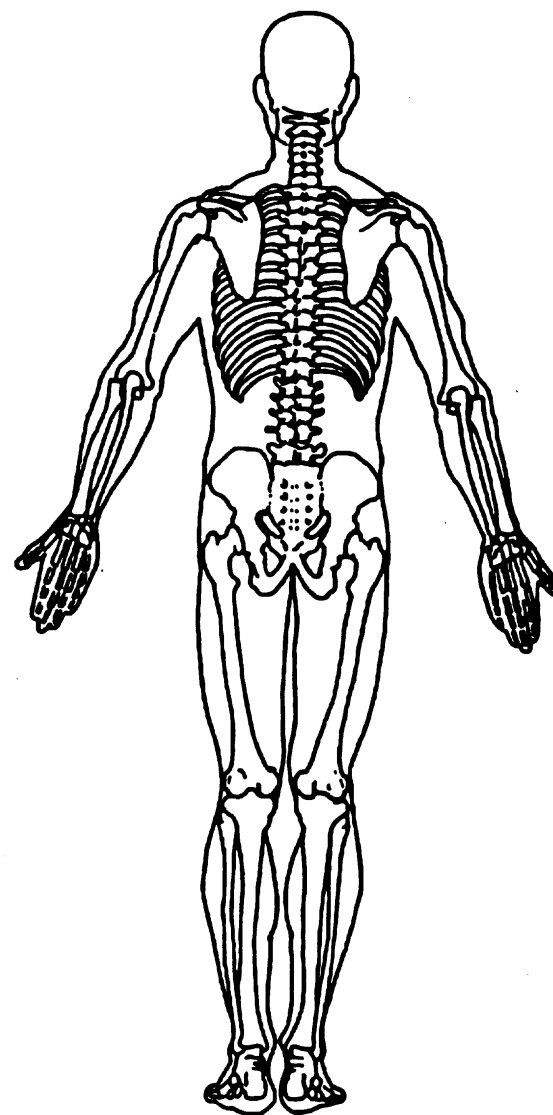
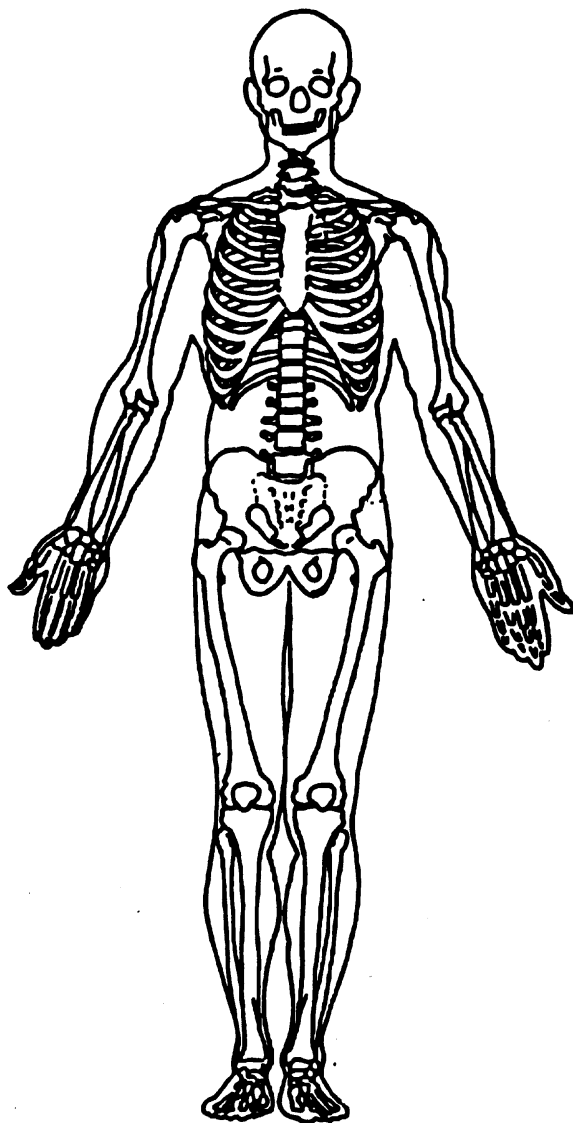
pH = ____

PO₂ = ____

PCO₂ ____

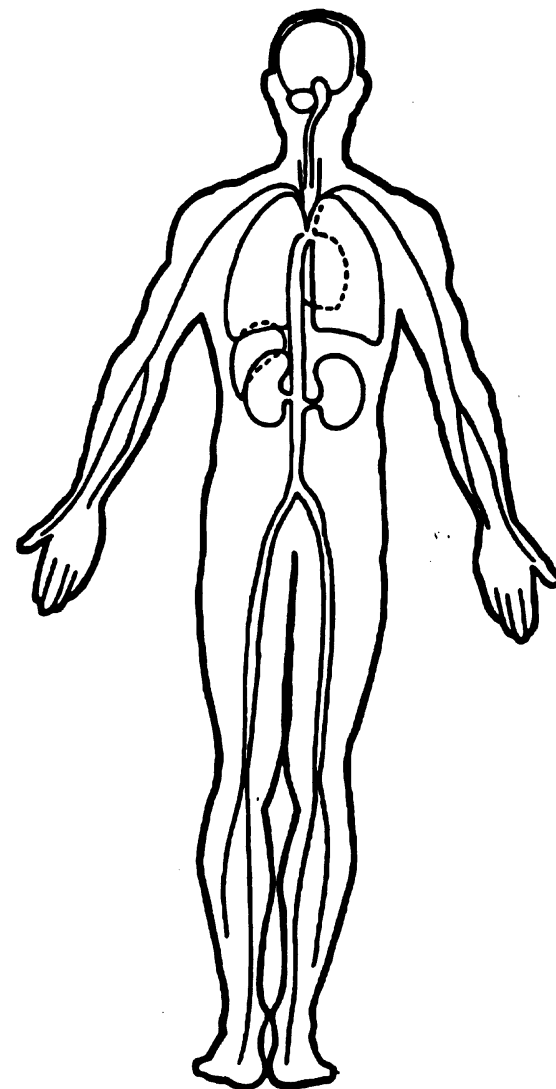
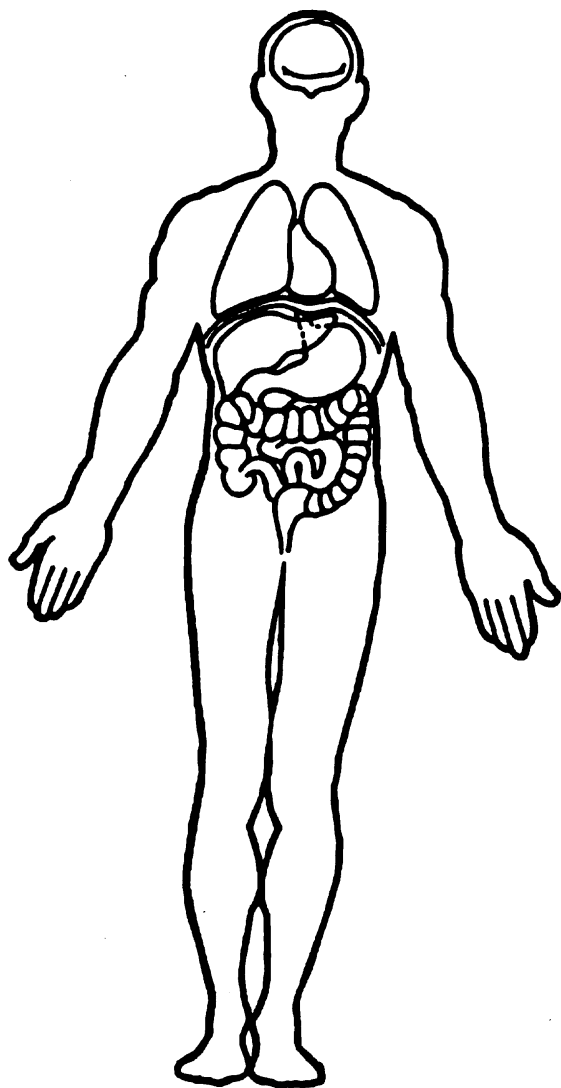
HCO₃ ____

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



EH0011 Z If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

Entry Error Ivo1 #12
Change

NO MORE INTER ERRORS - PRESS ENTER

1992 ACCIDENT FORM

1. PSU Number 79

2. Case Number 078A

IDENTIFICATION

3. No. of G.V. Forms Sub. 02 4. Accident Date [REDACTED]/92 5. Accident Time 1955

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 1 9. SS15 0 10. SS16 0

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 02	015. L	016. 02	017. 05	018. F

1992 GENERAL VEHICLE FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Model Year 92 5. Make 35
6. Model 042 7. Body Type 04
8. VIN JN1FU21P2NT [REDACTED]

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 99
11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 01
15. Accident Type 82

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 01
18. No. Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 028 20. Vehicle Cargo Weight 00

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 340 28. Heading Angle Other Vehicle 100
29. Basis for Total Delta V 6

COMPUTER GENERATED DELTA V

30. Total Delta V 99
31. Longitudinal Component of Delta V 99
32. Lateral Component of Delta V 99
33. Energy Absorption 9999
34. Confidence in Reconstruction Program Results 0
35. Type of Vehicle Inspection 1
36. Is this an AOPS vehicle? 1

37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

OTHER DATA

56. Driver's Zip Code	██████████	57. Driver's Race/Ethnic Origin	9
58. Vehicle Special Use (This Trip)	0		

ROLLOVER DATA

59. Rollover Initiation Type	0	60. Location of Rollover Initiation	0
61. Rollover Initiation Object Contacted	00	62. Location on Vehicle Where Initial Principal Tripping Force Applied	0
63. Direction of Initial Roll	0		

PRECRASH DATA

64. Pre-Event Movement (Prior to 10 Recognition of Critical Event)	0	65. Initial Critical (Precrash) Event	15
66. Precrash Stability After Avoidance Maneuver	0	67. Precrash Directional Consequences Corrective Action	0

1992 VEHICLE EXTERIOR FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 01

COLLISION DEFORMATION CLASSIFICATION HIGHEST DELTA "V"

Accident Sequence Number	Object Contacted	Direction of Force	Deform. Location	Specific Longitud. or lat. Location	Specific Vertical or Lateral Location	Type of Damage Distrib.	Deform. Extent
4. 01	5. 02	6. 10	7. L	8. D	9. E	10. W	11. 03

SECOND HIGHEST DELTA "V"

12.	13.	14.	15.	16.	17.	18.	19.
-----	-----	-----	-----	-----	-----	-----	-----

CRUSH PROFILE HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. +/-D
-------	--------	----	----	----	----	----	----------

SECOND HIGHEST DELTA "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. +/-D
-------	--------	----	----	----	----	----	----------

26. CDCS Documented but not coded 0 27. Researchers Assess. Veh. Disp.

28. Original Wheelbase 100.4

29. Multi-staged Manufactured/Certified Altered Vehicle?	0
30. Fire Occurrence	0
31. Origin of Fire	0
32. Type of Fuel Tank	1

1992 VEHICLE INTERIOR FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 11

Door, Tailgate or Hatch opening

5. LF 9 6. RF 1 7. LR 9 8. RR 1 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or
Hatch Opening in Collision

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

=9

GLAZING

Glazing Damage

15. WS 0 16. LF 0 17. RF 0 18. LR 6 19. RR 0
20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 2 35. RR 0
36. BL 2 37. Roof 0 38. Other 2

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 2 43. RR 0
44. BL 1 45. Roof 0 46. Other 1

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57.	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87. Steering Column Type	2	88. Steering Column Collapse	
89. Vertical Movement(+/-)		90. Lateral Movement(+/-)	
91. Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform	0
93. Location of Rim/Spoke Deform	00		

INSTRUMENT PANEL

94. Odometer Reading	001,000	95. Instrument Panel Damage	0
96. Knee Bolsters Deformed	8	97. Glove Door Open	0

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 16 6. Sex 2 7. Height 67 8. Weight 140 9. Role 1
10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 3 18. Belt System Use 00
19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 0
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 7
25. Head Restraint Type/Damage by Occupant at this Position 3
26. Seat Type 02 27. Seat Performance 5

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model 000
29. Type of Child Safety Seat 0
30. Orientation 00
31. Harness 00
32. Shield 00
33. Tether 00

INJURY CONSEQUENCES

34. Severity (Police Rating) 4 35. Treatment - Mortality 1
36. Type of Med. Facility (Initial) 0 37. Hospital Stay 00
38. Working Days Lost 62 39. Time to Death 01

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 99 41. Cause #2 00 42. Cause #3 00
43. Number of Recorded Injuries 01

44. Automatic (Passive) Belt System Availability/Function 1
45. Automatic (Passive) Belt System Use 1
46. Automatic (Passive) Belt System Type 1
47. Proper Use of Automatic (Passive) Belt System 1
48. Automatic (Passive) Belt System Failure Mode 1
49. Seat Orientation (this Occupant Position) 1
50. Glasgow Coma Scale (GCS) Score 01
51. Was the Occupant Given Blood? 1
52. Arterial Blood Gases (ABG) - HCO3 01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 078A
3. VEHICLE NUMBER 01
4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.	
01.	9	N	P	F	S	2	41	1	1	00

1992 GENERAL VEHICLE FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Model Year 89 5. Make 20
6. Model 002 7. Body Type 04
8. VIN 999999999999999999

OFFICIAL RECORDS

9. Police Reported Disposition 1 10. Police Reported Travel Speed 42
11. Police Rep. Alcohol Presence 0 12. Alcohol Test Result for Driver 96

ACCIDENT RELATED

13. Speed Limit 35 14. Attempted Avoid. Manuever 03
15. Accident Type 83

OCCUPANT RELATED

16. Driver Presence in Vehicle 1 17. No. Occupants This Vehicle 02
18. No. Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 037 20. Vehicle Cargo Weight 99

RECONSTRUCTION DATA

21. Towed Trailing Unit 0 22. Trajectory Data Documented 1
23. Post Col. Cond. of Tree/Pole 0 24. Rollover 0

OVERRIDE/UNDERRIDE (this vehicle)

25. F 0 26. R 0

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 100 28. Heading Angle Other Vehicle 340
29. Basis for Total Delta V 6

COMPUTER GENERATED DELTA V

30. Total Delta V	99
31. Longitudinal Component of Delta V	99
32. Lateral Component of Delta V	99
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	0
36. Is this an AOPS vehicle?	0

37. Police Reported Other Drug Presence	0
38. Police Observation/Perception Test Type for Driver	0
39. Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. 0

OTHER DATA

56. Driver's Zip Code	██████	57. Driver's Race/Ethnic Origin	9
58. Vehicle Special Use (This Trip)	5		

ROLLOVER DATA

59. Rollover Initiation Type	0	60. Location of Rollover Initiation	0
61. Rollover Initiation Object Contacted	00	62. Location on Vehicle Where Initial Principal Tripping Force Applied	0
63. Direction of Initial Roll	0		

PRECRASH DATA

64. Pre-Event Movement (Prior to 01 Recognition of Critical Event)		65. Initial Critical (Precrash) Event	67
66. Precrash Stability After 2 Avoidance Maneuver		67. Precrash Directional Consequences 1 Corrective Action	

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 29 6. Sex 1 7. Height 76 8. Weight 200 9. Role 1
10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 4
25. Head Restraint Type/Damage by Occupant at this Position 9
26. Seat Type 99 27. Seat Performance 9

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model	000
29. Type of Child Safety Seat	0
30. Orientation	00
31. Harness	00
32. Shield	00
33. Tether	00

INJURY CONSEQUENCES

34. Severity (Police Rating)	1	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	2	37. Hospital Stay	00
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	02				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	9
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 078A
3. VEHICLE NUMBER 02
4. OCCUPANT NUMBER 01

INJURY DATA

SOURCE OF INJURY DATA	BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.	
01.	3	N	P	T	M	1	97	9	7	99
02.	3	W	R	S	J	1	97	9	7	99

1992 OCCUPANT ASSESSMENT FORM

1. PSU Number 79
2. Case Number 078A
3. Vehicle Number 02
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Age 24 6. Sex 1 7. Height 99 8. Weight 999 9. Role 2
10. Seat Position 13 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0
15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Belt System Availability 4 18. Belt System Use 99
19. Proper Use of Belt 9 20. Belt Failure Modes During Impact 9
21. Air Bag Availability 0 22. Air Bag Deployment 0
23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 4
25. Head Restraint Type/Damage by Occupant at this Position 9
26. Seat Type 99 27. Seat Performance 9

CHILD SAFETY SEAT

28. Child/Safety Seat Make/Model	000
29. Type of Child Safety Seat	0
30. Orientation	00
31. Harness	00
32. Shield	00
33. Tether	00

INJURY CONSEQUENCES

34. Severity (Police Rating)	1	35. Treatment - Mortality	4
36. Type of Med. Facility (Initial)	2	37. Hospital Stay	00
38. Working Days Lost	99	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1	00	41. Cause #2	00	42. Cause #3	00
43. Number of Recorded Injuries	03				

44. Automatic (Passive) Belt System Availability/Function	0
45. Automatic (Passive) Belt System Use	0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	9
50. Glasgow Coma Scale (GCS) Score	02
51. Was the Occupant Given Blood?	1
52. Arterial Blood Gases (ABG) - HCO3	01

1992 OCCUPANT INJURY FORM

1. PSU NUMBER 79
2. CASE NUMBER 078A
3. VEHICLE NUMBER 02
4. OCCUPANT NUMBER 02

INJURY DATA

SOURCE OF INJURY DATA		BODY REGION	ASPECT	LESION	SYSTEM ORGAN	A.I.S. SEVERITY	INJURY SOURCE	INJURY CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
01.	3	N	P	T	M	1	97	9	7	99
02.	3	B	I	T	M	1	97	9	7	99
03.	3	W	L	A	I	1	97	9	7	99

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03.
VEH NUM = 01 OCCUPANT NUM = 01

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN

1992

CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	0	Y
Occupant Injury	0	0	0	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	1	

[illegible]

OCCUPANT INJURY Vehicle: 1 Occupant: 1

INTRA ERRORS

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
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TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

INTER ERRORS

EH0011 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012 should be greater than 03. GV=01 OA=01

PSU79
CASE 078A
CURRENT VERSION: 5.03

ERROR SUMMARY SCREEN

██████/93

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	0	Y
Occupant Interior	0	0	6	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	7	

SLIDE INDEX

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 79

Case Number—Stratum 078A

[illegible]

[illegible]



PSU 79-078A (1982) #1



PSU 79-078A (1992) #2



PSU 79-078A (1992) #3



PSU 79-078A (1992) #4



PSU 79-078A (1992) #5



PSU 79-078A (1992) #6



PSU 79-078A (1992) #7



PSU 79-078A (1992) #8



PSU 79-078A (1992) #9



PSU 79-078A (1992) #10



PSU 79-078A (1992) #11



PSU 79-078A (1982) #12



PSU 79-078A (1982) #13



PSU 79-078A (1992) #14



PSU 79-078A (1992) #15
Best Available



PSU 79-078A (1992) #16
Best Available



PSU 79-078A (1992) #17
Best Available



PSU 79-078A (1992) #18
Best Available



PSU 79-078A (1992) #19
Best Available



PSU 79-078A (1992) #20
Best Available



PSU 79-078A (1992) #21
Best Available



PSU 79-078A (1992) #22
Best Available



PSU 79-078A (1992) #23
Best Available



PSU 79-078A (1992) #24
Best Available



PSU 79-078A (1992) #25
Best Available



PSU 79-078A (1982) #26
Best Available



PSU 79-076A (1992) #27
Best Available



PSU 79-078A (1992) #28
Best Available



PSU 79-078A (1992) #29
Best Available



PSU 79-078A (1992) #30



PSU 79-078A (1992) #31



PSU 79-078A (1992) #32
Best Available



PSU 79-078A (1992) #33
Best Available



PSU 79-078A (1992) #34



PSU 79-078A (1992) #36
Best Available



PSU 79-078A (1992) #36



PSU 79-078A (1992) #37



PSU 79-078A (1992) #38
Best Available



PSU 79-078A (1992) #39



PSU 79-078A (1992) #40



PSU 79-078A (1992) #41



PSU 79-076A (1992) #42
Best Available



PSU 79-078A (1992) #43
Best Available



PSU 78-078A (1992) #44



PSU 79-078A (1992) #45
Best Available



PSU 79-078A (1992) #46



PSU 79-078A (1992) #47



PSU 79-076A (1992) #48



PSU 79-078A (1982) #49
Best Available